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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	AC02733US
	First Inventor or Application Identifier	Daniel SPITZER
	Title	METHODS OF APPLYING COLOUR MEASUREMENT
Express Mail Label No.		EM432406808US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 32] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2]	ACCOMPANYING APPLICATION PARTS
4. Oath or Declaration (unsigned) [Total Pages 3] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).	8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee)
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ Prior application information: Examiner _____ Group / Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.	9. <input type="checkbox"/> English Translation Document (if applicable)
	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
	11. <input type="checkbox"/> Preliminary Amendment
	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	13. <input type="checkbox"/> * Small Entity Statement(s) filed in prior application, Status still proper and desired (PTO/SB/09-12)
	14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
	15. <input type="checkbox"/> Other: _____

17. CORRESPONDENCE ADDRESS				
<input type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> Correspondence address below		
(Insert Customer No. or Attach bar code label here)				
Name	Joan M. McGillycuddy			
	Akzo Nobel Inc.			
Address	Intellectual Property Department			
	7 Livingstone Avenue			
City	Dobbs Ferry	State	New York	Zip Code 10522-3408
Country		Telephone		Fax

Name (Print/Type)	Richard P. Fennelly	Registration No. (Attorney/Agent)	25,677
Signature	Richard P. Fennelly	Date	OCT 5 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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PTO/SB/17 (12/99)

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FEE TRANSMITTAL**for FY 2000**Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.**TOTAL AMOUNT OF PAYMENT** (\$) 1286.00**Complete if Known**

Application Number	
Filing Date	
First Named Inventor	Daniel SPTIZER
Examiner Name	
Group / Art Unit	
Attorney Docket No.	AC02733US

METHOD OF PAYMENT (check one)

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 01-1350

Deposit Account Name Akzo Nobel Inc.

☒ Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

- 2.
- ☐
- Payment Enclosed:

☐ Check ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid	
101	690	201	345	Utility filing fee	
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	690	208	345	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$) 710.00**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
37	-20** = 17	X	306.00
Independent Claims	3 - 3** = -	X	-
Multiple Dependent			270.00

**or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	78	202 39 Independent claims in excess of 3
104	260	204 130 Multiple dependent claim, if not paid
109	78	209 39 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 576.00**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid	
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	380	216	190	Extension for reply within second month	
117	870	217	435	Extension for reply within third month	
118	1,360	218	680	Extension for reply within fourth month	
128	1,850	228	925	Extension for reply within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	605	Petition to revive - unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	690	246	345	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	690	249	345	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) _____**SUBMITTED BY**

Name (Print/Type)	Richard P. Fennelly
Signature	<i>Richard P. Fennelly</i>

Registration No. (Attorney/Agent) 25,677

Complete (if applicable)

Telephone 914-674-5464

Date OCT 5 2000

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